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Office Use Only



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ALLAHASSEE, FLOR

RECEIVED

C. BRUMBLEY
APR 14 2022

COVER LETTER

TO: Registration Sc Division of Cor	ction porations	,	
SUBJECT:	Sunshir	e Humble	2 Rentals, LLC
·	Name of Limit	ed Liability Company	·
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	endence concerning this matter to	o the following:	
	Ma1:55/	A LOISEAU Name of Person	
		Firm/Company	
	1088 1	ong Street	DRIVE
	TAllaha	SSEL FL. 3	3311
	E-mail address: (to	be used for future annual report foilification	ion) . Com
For further information c	oncerning this matter, please cal	II:	
MA S Name o	SA LOISEAU FPerson	at (286) 223 Area Code Daytime Te	lephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	on
Division of C	orporations	Division of Corpor	rations
P.O. Box 632	1	The Centre of Tall	ahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Humito	Male Rentals d Liability Company as it now a A Florida Limited Liability Comp	ppcars on our records.)		
The Articles of Organization for this Limited Lie Florida document number $\frac{L 22000}{C}$	nbility Company were filed o	n 2/1/22	and ass	signed
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability compa	ny here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company,"	the designation "LLC" or th	e abbreviation "L	.L.C."
Enter new principal offices address, if applica	ible:		<u> </u>	
(Principal office address MUST BE A STREE	T ADDRESS)		22	-
			1PR	<u> </u>
			- -	
Enter new mailing address, if applicable:			200 ≥	П
(Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)		Si Si	D
		· -	; <u>-</u> ₹ 25	
B. If amending the registered agent and/or reagent and/or the new registered office address		our records, <u>enter the n</u>	ame of the ne	w registered
Name of New Registered Agent:	MALIS	SALOIS	EAU	
New Registered Office Address:	1088 Lov	STUE S	DRIVE	
	TAHAHAS	SEC, Florida	33 Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, P.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MAL. SSAL. Be	AU 1088 Long Street BA TALLATASSEE, FL 3231	W Taxad
		TALLAHASSEE, FL 3231	// □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change

). If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
Note: If	date, if other than the date of filing:
f the record secord is	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	4-14-22
	Signature of nicyaber or authorized representative of a member
	MANSSA Lais-GU Typed or printed name of signee

. . . .

Filing Fee: \$25.00